

Administrative Office of the Courts 735 James Brown Blvd., Suite 2200 Augusta, Georgia 30901

Office of Drug Court Keith Gray, Coordinator Telephone (706)823-4424 FAX (706)849-3739

Augusta Judicial Circuit Drug Court Referral Form

Is the Defendant listed below on Parole?	?			☐ Yes ☐ No
Does the Defendant listed below live outside of Richmond, Burke, and Columbia County?				☐ Yes ☐ No
Does the Defendant listed below have pe	ending charges	/probation outside of this j	udicial circuit?	☐ Yes ☐ No
f the answer to any of the above questions	is <u>YES</u> contac	ct the Drug Court Coordin	ator before sub	mitting this referral.
Referral Date:				
Name of Defendant:		A/K/A:		
D.O B.:		Race:	Sex:	
Referring: Source/ Attorney:				
Source/Attorney Phone Number:				
Pending Case Charge:		Date of Arrest:		
Arrest Agency:				
Is Defendant Bonded?: Yes	No	If not bonded, what Jail	:	
Defendant's residence Street Address:				
City/Town: State:				
Telephone Number:	Alter	nate Telephone Contact #:_		
I have read as	nd reviewed th	e "Is Drug Court for Me"	brochure.	
Fa	x or scan and er	nail this completed form to:		

Augusta Judicial Circuit Drug Court Attn: Keith Gray, Drug Court Coordinator 735 James Brown Blvd., Suite 2200 Augusta, Georgia 30901

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